

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 113
Registered No. _____

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township San Carlos or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ALEXANDER ASTOR { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth I / I / 29.
Month Day Year

8. FATHER Full name Dennison Astor 14. MOTHER Full maiden name Dorris Johnson

9. Residence (Usual place of abode) San Carlos, Ariz. 15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

10. Color or race Apache 16. Color or race Apache
4/4 Indian 17. Age at last birthday 20 (Years) 4/4 Indian 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) San Carlos, Ariz. 18. Birthplace (city or place) San Carlos, Ariz.
(State or country)

13. Occupation COMMON LABOR 19. Occupation HOUSEWIFE
Nature of industry

20. Number of children of this mother. _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 5 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? NO

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer M.D. (Physician or midwife.)

Given name added from a supplemental report _____ Address San Carlos, Ariz.
Month, day, year 119-101-415 Filed _____, 19 _____ C. H. Sawyer Registrar